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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Togo

Proposed UNFPA assistance:	$6.0 million, $4.5 million from regular resources and $1.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.05	0.20	3.25
Population and development strategies	1.00	1.30	2.30
Programme coordination and assistance	0.45	-	0.45
Total	4.50	1.50	6.00

TOGO

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	32	≥60
Contraceptive prevalence rate (%)[2]	12	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	3.87	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	119.6	≤65
Infant mortality rate (per 1,000 live births)[5]	84	≤50
Maternal mortality ratio (per 100,000 live births)[6]	480	≤100
Adult female literacy rate (%)[7]	35	≥50
Secondary net enrolment ratio (%)[8]	52	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	4,657	Annual population growth rate (%)	2.55
Population in year 2015 (000)	6,576	Total fertility rate (/woman)	5.36
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	51.1
Ages 0-14	44.3	Females	53.3
Youth (15-24)	20.3	Both sexes	52.2
Ages 60+	4.9	GNP per capita (U.S. dollars, 1998)	330

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme covering the period 2002-2006 to assist the Government of Togo in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6 million, of which $4.5 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.5 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the fourth programme of assistance to Togo, a "Category A" country under the UNFPA allocation criteria.

2. The proposed programme was formulated in close consultation with the Government and non-governmental, United Nations and donor organizations. It takes into account national policies, priorities and strategies – including those specified in the national population policy adopted in 1998, which takes into account such key issues as reproductive health, the environment, education, employment, gender, the empowerment of women and integration of the national population policy goals into development strategies and programmes. The proposed programme is based on the findings and recommendations of the Country Population Assessment (CPA) exercise conducted in 2000-2001 and the Common Country Assessment (CCA) carried out in 1999 and is consistent with the United Nations Development Assistance Framework (UNDAF) for the years 2002-2006. The proposed programme would be harmonized with the programmes of UNDP and UNICEF.

3. The overall goal of the proposed programme is to contribute to national efforts to reduce poverty and improve the quality of life of the Togolese people. This would be achieved through the provision of quality reproductive health services, including family planning; effective integration of population and gender dimensions into development strategies and programmes; and increased gender equality. UNFPA support would be channelled through two subprogrammes, covering reproductive health and population and development strategies. Advocacy interventions and gender issues would be mainstreamed into both subprogrammes.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Togo's population was estimated to be 4.5 million in 1999, with an annual growth rate of around 2.4 per cent. Population density figures, about 80 people per square kilometre, are among the highest in West Africa, but these figures vary widely among different regions. The

urban population represents 30 per cent of the total population and is growing at around 4.4 per cent per year. Maternal mortality was estimated at 478 per 100,000 live births in 1998. Only 51 per cent of births are attended by trained health personnel. Infant mortality is about 80 per 1,000 live births. UNAIDS estimates the prevalence of HIV to be about 5.98 per cent among the adult population, with an estimated 150,000 to 200,000 people living with HIV/AIDS. A national HIV/AIDS strategic policy has been developed and covers the period 2001-2005.

6. The Togolese population is very young. As many as 60 per cent of Togolese are under the age of 20, and 18 per cent are between the ages of 15 and 24. The fertility rate among youth between the ages of 15 and 19 is high, at about 89 per 1,000.

7. The Government of Togo has adopted the ICPD concept of reproductive health and has formulated policies, standards and protocols to guide the provision of reproductive health services. In 1996, a department for adolescent reproductive health was created within the Division of Family Health. According to the 1998 demographic and health survey (DHS), the total fertility rate declined from 6.6 children per woman in 1988 to 5.4 in 1998. The total fertility rate varies significantly between urban (3.3) and rural areas (6.5). The contraceptive prevalence rate among married women seems to be increasing – it was estimated at 9.3 per cent in 2000, compared to 7 per cent in 1998 and 3.1 per cent in 1988.

8. Women account for 51.3 per cent of the population. Gender issues have received considerable attention since the ICPD as the Government has taken measures to reduce gender inequalities, but much remains to be done. The adult female literacy rate is 38.3 per cent, while the literacy rate for males is 67 per cent. Although female genital cutting (FGC) has been outlawed, other harmful practices against women, including domestic violence, are still common. The family code adopted in 1980 is currently under revision.

Previous UNFPA assistance

9. UNFPA assistance to Togo began in 1972, and the first comprehensive country programme was approved for the period 1984-1988. The third programme, ending in December 2001, was approved in 1997 for five years in the amount of $7 million, of which $6 million was budgeted from regular resources, with the remaining $1 million to come from other resources. By December 2001, the estimated total expenditure under the third programme is expected to total $4 million.

10. Several important outputs have been achieved under the third programme. In the area of reproductive health, integrated quality services have been introduced in 236 of the country's 308 health centres in the regions covered by the subprogramme. As a measure of these centres' success, the contraceptive prevalence rate has increased in the areas covered by the programme while it has decreased in other parts of the country. To further improve contraceptive logistics

management, new protocols were developed following an evaluation of the existing distribution system. A series of training workshops for service providers resulted in increased availability of quality reproductive health services. Other outputs include the introduction of family life education into secondary schools; the training of 2,700 teachers in the areas of gender, reproductive health, and HIV/AIDS; and the subsequent education of 140,000 students in these areas.

11. Regarding the population and development strategies and advocacy subprogrammes, the main outputs of the programme were: (a) the development of a national population policy, adopted in 1998; (b) a new law enacted in 1999 prohibiting FGC and creating a supportive environment for women's empowerment and equality, which has been used to sensitize people throughout the country, particularly in regions where FGC is highly prevalent; (c) finalization of a draft policy on promoting the enhanced status of women, soon to be enacted; (d) finalization of a draft policy on reproductive health and the revision of a colonial law prohibiting the advertisement of contraceptives; (e) the training of 300 legal advisers with regard to gender issues; and (f) the completion of preparatory activities for the fourth census, the execution of which is now pending financial support from donors. The DHS was completed in 1998, in collaboration with Macro International, UNICEF, UNDP and UNFPA. All the outputs above were facilitated by the strengthening of key national institutions, including the Directorate for the Promotion of Women and the Department of Population Planning and Department of Family Health.

12. There are a number of factors that have constrained the implementation of population and reproductive health programmes. The country's economic, political and financial situation has made it difficult to mobilize the multi-bilateral funding needed to support the census. The high turnover among trained health workers, due to a lack of incentives, has had a negative impact on the quality of services and on the overall performance of the programme in some areas, especially in the Kara region. The absence of qualified staff has made it difficult to set up youth centres as originally planned. Other constraints have been the absence of a national reference document in the area of HIV/AIDS prevention for youth and the reduction in spending on HIV/AIDS-related activities.

13. Lessons learned during the implementation of previous programmes include the following: (a) UNFPA support to the decentralization process, through the appointment of national experts for each region, has been instrumental in ensuring the success of the reproductive health subprogramme and should be continued; (b) the national population policy approved in 1998 could serve as an effective development tool if integrated into relevant implementation plans and programmes; and (c) the 1998 DHS was useful in gathering the core population and health indicators needed to identify the unfulfilled needs of different population segments; and (d) efforts should be made to improve the national database to monitor progress at the goal and output levels.

Other external assistance

14. International assistance to Togo has decreased significantly over the past several years. In the field of population, the United States Agency for International Development (USAID) contributes to the population programme through its Abidjan-based regional office and is the country's main supplier of male condoms. Its interventions are carried out through NGOs, which support 78 health centres in the area of family planning. The United States Peace Corps supports AIDS prevention and information, education and communications (IEC) activities at the community level, while the Association Togolaise de Bien-Etre Familial (ATBEF) – with funding from the International Planned Parenthood Federation (IPPF) – supports regional offices throughout the country and is active in IEC activities and in the procurement of contraceptive commodities. The German Gesellschaft für Technische Zusammenarbeit (GTZ) provides health assistance in the Central Region and the Bè district in the capital city of Lomé.

15. UNAIDS, in addition to its traditional assistance to the AIDS theme group, joined UNFPA in supporting the Ministry of Education to integrate HIV/AIDS information into school curricula. UNICEF, WHO and the European Union execute immunization programmes in the health and education sectors. UNDP supports programmes in the area of poverty eradication, sustainable development and good governance. Plan International, an international NGO, is very active in the education sector.

Proposed programme

16. The overall goal of the proposed programme is indicated in paragraph 3 above. The proposed programme would be implemented through two subprogrammes: reproductive health, including family planning and sexual health, and population and development strategies. Advocacy would be integrated into each subprogramme while gender, as a cross-cutting issue, would be mainstreamed into all the interventions.

17. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to the improved provision of quality reproductive health services in four of Togo's six regions – Maritime, Plateaux, Kara and Savanes – representing 68 per cent of the population. These regions were selected for their very poor socio-demographic and health indicators and because no other donors operate in those regions.

18. Funds in the amount of $3.25 million would be allocated to the reproductive health subprogramme; $3.05 million of this total would be programmed from regular resources, with the remaining $200,000 to be mobilized through co-financing modalities and/or other sources. Any additional resources mobilized through co-financing modalities and/or other sources would be used for funding of the population census, prevention of HIV/AIDS and sexually transmitted infections (STIs) among young people, and procurement of condoms.

19. The first output would be increased availability of gender-sensitive, integrated, quality reproductive health services in the areas covered by the subprogramme. This would be achieved through: (a) the integration of family planning and safe motherhood services within a minimum package of services in 120 public health centres – 34 in the Maritime region, 46 in the Plateaux region, 22 in the Kara region and 18 in the Savanes region; (b) provision of prenatal, delivery and post-natal care (including emergency obstetric care), prevention of STIs and HIV/AIDS, and promotion of adolescent reproductive health in four districts to be selected by the Ministry of Public Health; (c) support for 36 religious and community health centres; and (d) establishment of community-based programmes. Emphasis would be placed on training health staff to improve the quality of services in both the public and private sectors; the efficient management and distribution of contraceptives and equipment; and the integration of modules on reproductive health into basic health training. Progress indicators would include the number of health centres with integrated reproductive health services and measurements of the quality of such services.

20. The second output would be the increased availability of reproductive health information services promoting healthy behavioural changes for both men and women. This would be achieved through implementation of the IEC strategy in reproductive health. Support would be provided for multimedia campaigns designed to target specific groups. Peer education and IEC campaigns would be used to educate men on responsible sexual behaviour and to enlist their support for greater reproductive health choices for women. The programme would support the Department of Family Health of the Ministry of Public Health and selected NGOs to carry out systematic IEC interventions in support of reproductive health, including prevention of HIV/AIDS and STIs. Output indicators would include the number of men and women informed about family planning issues and services and the prevention of HIV/AIDS and STIs, and the availability of information on reproductive health.

21. The third expected output would be increased availability of reproductive health information, counselling and services for youth and adolescents in the areas covered by the subprogramme. This is particularly important due to the rapid spread of HIV/AIDS among young people, girls in particular. The programme would support the integration of population and family life education into the primary school system and the consolidation of such education into the secondary school system; the creation of four regional counselling centres for youth and adolescents (one per region); the integration of reproductive health services into 20 school clinics; the integration of peer education into formal and informal education systems; and support for multimedia campaigns. The programme would also support the implementation of the national strategic plan on HIV/AIDS prevention and strengthen its support to HIV-related activities for both in-school and out-of-school youth and adolescents. In so doing, the programme would promote partnership among parents, community and religious leaders and policy makers. Indicators for monitoring progress would include the number of young people informed about HIV/AIDS and STIs, gender issues, and on how to prevent unwanted

pregnancies and other reproductive health issues; the number of primary schools integrating family life education into their curricula; and the number of primary school teachers trained.

22. The fourth output would be strengthened capacities of the Ministry of Public Health to manage and provide quality reproductive health services at the central level and in the regions covered by the subprogramme. The programme would support the formulation of a reproductive health programme, the training of staff, and contraceptive logistics management. Support would be provided for baseline surveys, operational research and analysis aimed at facilitating planning, monitoring and evaluation of the subprogramme policy and strategy documents. Guidelines and service protocols developed by the Ministry of Public Health in the field of reproductive health would be made available to all reproductive health providers. The indicators for monitoring progress towards this output would include the amount of data published relating to reproductive health.

23. Reproductive health commodity security. The Ministry of Public Health has estimated the cost of contraceptives required for the period 2002-2006, including male and female condoms, to be about $6.1 million. The bulk of Togo's contraceptive needs are met mainly by UNFPA and USAID as well as, to a certain extent, by IPPF and DFID. UNFPA would allocate $1 million for contraceptive supplies (excluding condoms) for the period 2002-2006. The Fund would continue to work in close collaboration with all partners involved to promote the use of contraceptives, and would assist the Government in mobilizing support to ensure the regular supply and availability of reproductive health commodities throughout the country.

24. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the effective implementation of the national population policy, with special attention to its gender dimensions. Key challenges in the area of population and development strategies include meeting the basic needs of the growing population; integrating national population policy goals into development policies, plans and programmes; addressing the inadequacy of population and socio-economic data; strengthening the coordination and management of data collection mechanisms; and implementing research and studies in the population field. Funds in the amount of $2.5 million would be allocated to the population and development strategies subprogramme, $1 million of which would be mobilized through co-financing modalities and/or other sources.

25. The first output would be increased integration of the national population policy goals into sectoral development programmes, starting with the health and education sectors. The training of managers in the methodology of integration of the national population policy goals would make possible the extension of this integration to other sectors and regions and into the formulation, implementation, monitoring and evaluation of all policies and programmes related to sustainable development. An operational mechanism for coordination would be created to secure the support of all partners involved in this process. Indicators for monitoring progress

would include the number of policies and programmes that have integrated population and gender issues and the number of national staff trained in the integration of the national population policy into national programmes and policies.

26. The second expected output would be increased availability of gender-disaggregated population data. Advocacy for resource mobilization for the population census would be intensified towards this end. Technical assistance would be provided to revise the census project document, to update its cartography, to train the staff of the Department of Statistics, and to formulate the methodology for the population census and its analysis. In addition, assistance would be provided to strengthen the population information system set up to monitor progress towards the achievement of the goals of the national population policy. A database of population and development indicators at national and sectoral levels would be developed under the subprogramme. Programme support would be focused on capacity building for analysis and utilization of population and related socio-economic data and for research on the Togolese family, migration, urbanization and gender-based violence. Output indicators for monitoring progress would include population census and demographic survey reports and gender-disaggregated socio-demographic data.

27. The third output would be increased national capacity to prevent gender-based violence and to care for the victims of such violence. This would be done by strengthening and extending support to government institutions and selected local NGOs working for the promotion of the status of women, particularly those caring for the victims of violence. Support would also be provided for revision of the family code; continued enforcement of the law prohibiting FGC; and intensification of sensitization activities regarding the consequences of violence against women, using modern and traditional means of communication. A strategy for the prevention of gender-based violence and for caring for the victims of such violence would be developed and implemented. Educational material would be produced and distributed to serve as teaching aids for IEC activities aimed at different target groups. Indicators for monitoring progress would include the extent of utilization of printed manuals, posters and brochures; the number of law enforcement staff, including policemen and senior and mid-level administrative and health staff, trained in the prevention of violence; and the number of legal advisers trained in the provision of care to the victims of violence.

28. The fourth output would be increased political and community support by policy makers – including parliamentarians, community and opinion leaders (religious and traditional), and other civil society leaders – for population and reproductive health issues, gender equality and the empowerment of women. In the implementation of advocacy activities, special attention would be placed on adoption of the national policy on promotion of women; revision of the 1920 and 1984 laws on contraception and family planning; revision of the family code; and the formulation of special measures to protect people living with HIV/AIDS. Efforts would be made to further educate stakeholders about the country's national population policy, the

recommendations from the global conferences of the 1990s, and the proposed national policy on the promotion of women. Indicators for monitoring progress would include the number of leaders sensitized and the volume of relevant material published by the national media.

Programme implementation, coordination, monitoring and evaluation

29. The proposed programme would be executed and implemented by the concerned government ministries, public institutions and local NGOs. UNFPA would continue its efforts to build and strengthen their implementation capacities. The primary responsibility for programme coordination would remain with the Government. To facilitate the coordination and implementation of the programme, the Department of Population Planning would be further strengthened to enhance its ability to facilitate collaboration and coordination among organizations implementing the programme. The Ministry of Public Health would have the primary responsibility for the execution and implementation of the reproductive health subprogramme. Regular meetings of the inter-agency thematic groups and the heads of United Nations agencies under the Resident Coordinator system would facilitate a more focused approach and the effective use of resources within the context of the UNDAF. To the extent possible, joint projects and strategies would be developed in the substantive areas covered by UNFPA, UNICEF, WHO and UNDP.

30. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. All activities and component projects would be monitored through field visits and the use of appropriate indicators, a process that would be facilitated by the collection and analysis of baseline socio-demographic data and the country's reproductive health database. The country programme logical framework would be used as a monitoring tool to track progress. In addition to the annual reviews of the subprogrammes, a midterm review will be conducted jointly or collaboratively with UNDP and UNICEF, if possible. The final programme evaluation will take place in 2006. Technical backstopping would be provided by national consultants and the Country Technical Services Team based in Dakar, Senegal.

31. The UNFPA Country Office in Togo is composed of a Representative, one Assistant Representative, one national programme assistant, one national finance assistant and two secretaries. National professional project personnel, including a national HIV/AIDS expert and local consultants, would be recruited as needed to support the office staff and programme implementation. Funds in the amount of $450,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

32. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Togo as presented above, in the amount of $6 million for the period 2002-2006, $4.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available, with the balance of $1.5 million to be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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